



APPLICATION FOR VARIANCE

State Form 44400 (R7 / 10-13)
Approved by State Board of Accounts, 2013

INDIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICES SECTION
302 West Washington Street, Room W246
Indianapolis, IN 46204-2739
http://www.in.gov/dhs/fire/fp_bs_comm_code/



INSTRUCTIONS: Please refer to the attached four (4) page instructions.
Attach additional pages as needed to complete this application.

Variance number (Assigned by department)

16-12-13

1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner)

Name of applicant	Title
Residential Care License dba Brownsburg Meadows Assisted Living	
Name of organization	Telephone number
American Senior Communities	(317) 788-2500
Address (number and street, city, state, and ZIP code)	
6900 South Gray Road Indianapolis, Indiana 46237	

2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant)

Name of applicant	Title
Kris Graphman	General Manager
Name of organization	Telephone number
Brownsburg Meadows Assisted Living	(317) 852-8585
Address (number and street, city, state, and ZIP code)	
7133 Meadow Trail, Brownsburg, IN 46112	

3. DESIGN PROFESSIONAL OF RECORD (If applicable)

Name of design professional	License number
Name of organization	Telephone number
	()
Address (number and street, city, state, and ZIP code)	

4. PROJECT IDENTIFICATION

Name of project	State project number	County
Requesting Variance for 1 disguised doors on Memory Care Unit		Hendricks
Address of site (number and street, city, state, and ZIP code)		
7133 Meadow Trail Brownsburg, IN 46112		
Type of project		
<input type="checkbox"/> New <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Change of occupancy <input type="checkbox"/> Existing		

5. REQUIRED ADDITIONAL INFORMATION

The following required information has been included with this application (check as applicable):

- ☒ A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions)
- ☒ One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives.
- ☒ Written documentation showing that the local fire official has received a copy of the variance application.
- ☒ Written documentation showing that the local building official has received a copy of the variance application.

6. VIOLATION INFORMATION

Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order?		
<input type="checkbox"/> Yes (If yes, attach a copy of the Correction Order.) <input checked="" type="checkbox"/> No		
Has a violation been issued?		
<input type="checkbox"/> Yes (If yes, attach a copy of the Violation and answer the following.) <input checked="" type="checkbox"/> No		
Violation issued by:		
<input type="checkbox"/> Local Building Department	<input type="checkbox"/> State Fire and Building Code Enforcement Section	<input type="checkbox"/> Local Fire Department

7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved

2014 Edition IFC 675 IAC22-2.5

Specific code section

Sec. 1008.1

Nature of non-compliance *(Include a description of spaces, equipment, etc. involved as necessary.)*

Rear exit door leading to outside of the building. We request this variance to help distract our residents that reside on this hallway that have alzheimer's/dementia from trying to exit the building. This is for their safety. Painting the door as a bookshelf will detour them from trying to exit the building that leads out into the parking lot.

8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

Select one of the following statements:

- ☒ Non-compliance with the rule will not be adverse to the public health, safety or welfare; or
- ☐ Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate *(be specific)*.

Facts demonstrating that the above selected statement is true:

There is a key pad located next to the locked doors to unlock the door. Once the correct code is entered, the door unlocks. The door has release bar on it and if the bar is held for 15 seconds, the door automatically releases. Once the fire alarm system sounds, the locked disguised door automatically unlocks allowing for easy exit. There is an illuminated exit sign above the door.

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select at least one of the following statements:

- ☐ Imposition of the rule would result in an undue hardship *(unusual difficulty)* because of physical limitations of the construction site or its utility services.
- ☒ Imposition of the rule would result in an undue hardship *(unusual difficulty)* because of major operational problems in the use of the building or structure.
- ☐ Imposition of the rule would result in an undue hardship *(unusual difficulty)* because of excessive costs of additional or altered construction elements.
- ☐ Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.

Facts demonstrating that the above selected statement is true:

Imposition of the rule would result in an increased risk of resident safety by increase the chance of exit-seeking/elopement that could potentially lead to resident harm.

10. STATEMENT OF ACCURACY

I hereby certify under penalty of perjury that the information contained in this application is accurate.

Signature of applicant or person submitting application

Please print name

Kris Graphman

Date of signature *(month, day, year)*

8/26/16

Signature of design professional *(if applicable)*

Please print name

Date of signature *(month, day, year)***11. STATEMENT OF AWARENESS *(If the application is submitted on the applicant's behalf, the applicant must sign the following statement.)***

I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.

Signature of applicant

Please print name

Paxton Wiffler

Date of signature *(month, day, year)*

Door
Location

MC 1 & 2
NURSES
STATIONS

AL
NURSE
STATION



